

Rotary Club of Marion, IL Charities
EXPENSE REIMBURSEMENT FORM

Send completed form and supporting documentation to the President:

Date _____

Payee Name _____

Address _____

Amount \$ _____

Requested by _____

Address _____

Phone _____

Mail check to: Payee _____

Requesting party _____

Description of Expense/Advance _____

Charge to program or
budget line item:

No reimbursement or advance will be made without the appropriate documentation.

Approved by Committee Chair _____

Date _____

Approved by President _____

(rev 7-14)

Date _____